

APPENDIX A

The statutory and regulatory provisions relevant to this case provide:

1. 7 U.S.C. §§ 2020(e)(10):

(e) The State plan of operation . . . shall provide . . .

(10) for the granting of a fair hearing and a prompt determination thereafter to any household aggrieved by the action of the State agency under any provision of its plan of operation as it affects the participation of such household in the food stamp program or by a claim against the household for an overissuance; *Provided*, That any household which timely requests such a fair hearing after receiving individual notice of agency action reducing or terminating its benefits within the household's certification period shall continue to participate and receive benefits on the basis authorized immediately prior to the notice of adverse action until such time as the fair hearing is completed and an adverse decision rendered or until such time as the household's certification period terminates, whichever occurs earlier, except that in any case in which the State agency receives from the household a written statement containing information that clearly requires a reduction or termination of the household's benefits, the State agency may act immediately to reduce or terminate the household's benefits and may provide notice of its action to the household as late as the date on which the action becomes effective;

2. 7 U.S.C. § 2023(b):

(b) In any judicial action arising under this chapter, any food stamp allotments found to have been wrongfully withheld shall be restored only for periods of not more than one year prior to the date of the commencement of such action, or in the case of an action seeking review of a final State agency determination, not more than one year prior to the date of the filing of a request with the State for the restoration of such allotments or, in either case, not more than one year prior to the date the State agency is notified or otherwise discovers the possible loss to a household.

3. 7 C.F.R. § 273.12(e)(2)(ii):

(ii) A notice of adverse action is not required when a household's food stamp benefits are reduced or terminated as a result of a mass change in the public assistance grant. However, State agencies shall send individual notices to households to inform them of the change. If a household requests a fair hearing, benefits shall be continued at the former level only if the issue being appealed is that food stamp eligibility or benefits were improperly computed.

APPENDIX B

AP-84-5

DATE: 2/10/84

TO: ASSISTANCE PAYMENTS STAFF

FROM: JOLIE BAIN PILLSBURY, ASSOCIATE COMMISSIONER FOR ELIGIBILITY OPERATIONS

RE: *EFFECT OF THE 1983 SOCIAL SECURITY AND/OR SSI COST-OF-LIVING ADJUSTMENT ON NPA FOOD STAMP RECIPIENTS*

A cost-of-living adjustment (COLA) of 3.5% was reflected in the Social Security (RSDI) and Supplemental Security Income (SSI) benefit checks received by recipients in the month of January 1984. Therefore, food stamp benefits must be adjusted to reflect the increased payment rates.

An automatic COLA will be performed by the Department for a select group of cases with the March issuance to reflect the increased RSDI and/or SSI payments. Certain NPA households that contain an SSI recipient cannot be automatically updated because the system cannot identify which household member(s) is the SSI recipient in households containing more than one member. The benefits for these households and households with an end-of-certification date of 2/29/84 through 3/13/84 must be manually adjusted by the field.

This memo explains the procedures that will be used to adjust the food stamp benefits of NPA households, the notification procedures, and the worker's responsibilities. Households have been broken into two groups according to the household size and the benefits received, for the automatic or the manual adjustment.

Five separate printouts will be sent to the field listing the cases that were automatically adjusted and the cases requiring manual adjustment. The printouts will list cases active on the RMF as of 2/4/84.

CASES AUTOMATICALLY ADJUSTED BY THE SYSTEM

The cases described below will have the March food stamp benefits automatically adjusted by the system the weekend of 2/18/84.

* * * * *

NOTIFICATION PROCEDURES AND WORKER RESPONSIBILITIES — SYSTEM ADJUSTED

Demonstration Unit Cases

Recipients will receive a system-generated notification letter by 2/27/84 that will contain the old food stamp amount, the new food stamp amount, as well as an appeal form.

By 2/23/84, a printout entitled "DEMO CASES COLA 1984-FS ADJUSTMENT LISTING" will be produced and sent to the Demonstration Unit identifying every case that was automatically adjusted.

If there are any recipient questions regarding the change, the worker is to recalculate food stamp eligibility using the most current data, including the new SSI/RSDI amount. If the computer-calculated benefit is incorrect, enter the new data directly into the system. The system will generate proper notice to the recipient of the change in the food stamp benefit level. If a timely appeal is filed, the Division of Hearings will notify the unit. The worker must enter code 1 into the system which will prevent the transaction from being released.

Category 9 Cases

Category 9 cases that are automatically adjusted will be notified of the change (reduction or termination) on 2/27/84. A copy of the notice appears as attachment A. This notice will be produced in English and Spanish and will be mailed with a multilingual insert of 11 languages. The name and address card will contain the old food stamp amount, the new food stamp amount, the date of the mailing, and an appeal form. Timely appeals must be filed within ten (10) days of the date of the mailing.

If a timely appeal is filed, the Division of Hearings will notify the office. The worker must complete a TD with the information that was on file prior to the automatic adjustment to restore benefits to the prior amount and issue any lost benefits by means of a V-7.

Two (2) printouts will be produced and sent to the field the week of 2/20/84 identifying every case which was selected for the automatic adjustment. Case names are appearing on two (2) printouts because two separate computer systems (FMCS and ADABAS) are involved in the adjustment and therefore, the lists could not be consolidated. The printouts are entitled "FS ADJUSTMENT — ADABAS" and "ADJUSTED FS LISTING — FMCS."

If there are any recipient questions regarding the change, the worker is to recalculate food stamp eligibility by using the most current data, including the new RSDI and/or SSI amounts. If the computer-calculated benefit is incorrect, the worker must submit a TD and send proper notice to the recipient of the change in the food stamp benefit level.

NOTIFICATION PROCEDURES AND WORKER RESPONSIBILITIES — MANUAL ADJUSTMENTS

Manual Adjustment Printouts

Two (2) printouts will be produced and sent to the field the week of 2/13/84 identifying every case requiring manual adjustment. Case names are appearing on two (2) printouts because two separate computer systems (FMCS and ADABAS) are involved in the adjustment and therefore, the lists could not be consolidated. The printouts are entitled "FS MANUAL LISTING — ADABAS" and "FS MANUAL LISTING — FMCS." The printouts reflect information on the RMF as of 2/4/84.

Error Listing Reports

During the week of 2/27/84, a printout entitled "FS ERROR LISTING — SSA 1984 COLA" will be sent to the field identify-

ing cases that had been selected for an automatic adjustment but because of missing or inaccurate information, the system was prevented from automatically adjusting the benefit level or cases whose income exceeds the gross or net standards of eligibility. Cases appearing on this listing will require a manual adjustment of the benefit level to be effective for the April ATP.

Category 9 cases with a household of one member receiving SSI benefits that were selected for an automatic adjustment will appear on the 1070 report if the system was prevented from updating the benefit level because of the missing or inaccurate information.

Worker Responsibilities

The worker must determine from the case record if the recipient is receiving RSDI and/or SSI payments or which household member(s), if any, receives SSI payments. The worker may determine the current SSI amount by assessing the VDT "D" and "E" screens. If the name on the screen matches, the worker must review the record procession date. If the record processing date is 12/09/83 or later, go to "E" screen. The "SSI Monthly Amount" that appears in the bottom left-hand corner of the screen indicates the SSI grant. Any RSDI payment is shown under "Type" with Code A and the "Frequency" must be C. The grant is calculated by adding the SSI and RSDI amounts. The "E" screen also contains other income data which should be reviewed to determine if discrepancies exist between the data and the information contained in the case record. The "D" and "E" screens were updated to reflect the 1/1/84 SSI data on 1/19/84.

If the name does not match or the processing date is 12/08/83 or earlier, the worker must send the attached letter to the recipient to request the current SSI and/or RSDI amounts. See attachment B. All letters requesting SSI and/or RSDI benefit amounts must allow the recipient ten (10) days to respond. The worker must enter the due date for the verification(s) in the space provided.

If the recipient is receiving RSDI benefits only or if the household is receiving RSDI benefits that exceed \$999.00 when the 3.5% increase was added to the RSDI amount currently on file, the worker must send the attached letter to the recipient requesting the current RSDI amount. See attachment B. All letters requesting the RSDI amounts must allow the recipient ten (10) days to respond. The worker must enter the due date for the verification(s) in the space provided.

Upon determination of the SSI/RSDI amounts from the VDT screen or receipt of the verification, the worker must recalculate the food stamp benefit level by using the new SSI and/or RSDI amounts. Workers must use the gross RSDI amount which is the amount of the check (net) plus the Medicare B premium.

The basic Medicare B premium was increased to \$14.60 in January. Workers must complete and submit a TD with the new data and notify the recipient of the resultant change on the attached SSA/SSI/FS letter. See Attachment C. A mass action change based on an increase in RSDI or SSI benefits does not require a ten (10) day advance notice for an adverse action but the SSA/SSI/FS letter must be received by the recipient on or before the date of the ATP change. The worker completes one (1) original and two (2) copies of the letter, sends the original and one (1) copy to the recipient, and retains a copy for the case record.

If the review results in no change in benefit level the worker must notify the recipient that the benefit level will remain the same by sending an FSNL-3.

The effective date for the last digit of 0 through 4 may not permit the food stamp changes to become effective in March for cases in which the recipient is required to submit verification. In these cases, the changes will be effective for the month of April. All other cases will have the benefit level adjusted for March.

If a timely appeal is filed, the Division of Hearings will notify the office. The worker must complete a TD with the information that was on file prior to the adjustment to restore benefits to the prior amount and issue any lost benefits by means of a V-7.

ATTACHMENT A

Commonwealth of Massachusetts
Department of Welfare

2/29/84

Social Security benefits and SSI benefits were increased in January 1984. You and/or a member of your family are listed on our files as receiving Social Security (green check), SSI (gold check) or both.

The Welfare Department is required by law to reduce your food stamp benefits because of this increased income. This reduction means that your March food stamps will be less or will be stopped. The enclosed card shows both the old and new amount of the food stamp benefits you will get.

Food Stamp Manual Citation: 106 CMR 363.220(B), 364.600, and 366.130(D).

IF YOU DISAGREE WITH THIS DECISION, you have the right to a fair hearing before a referee of the Department of Public Welfare. To ask for a hearing you must sign and date the enclosed card, which has your name and address on it, and mail it to: Department of Public Welfare, Division of Hearings, P.O. Box 167, Essex Station, Boston, MA 02112.

Your request must be received by the Welfare Department *no later than 90 days from the date of this notice*. You may represent yourself, or be represented by a lawyer, friend, relative, or other spokesperson. You can contact your local welfare office to find out where to get free legal advice if any is available in your area.

YOUR BENEFITS WILL BE CONTINUED in your present amount until the end of the month in which your hearing is decided **IF YOUR REQUEST IS RECEIVED NO LATER THAN 10 DAY FROM THE DATE OF THE NOTICE** and if you are saying that the amount of your food stamps was incorrectly computed. However, if your food stamp certification period ends before the month of the hearing decision, you will continue to receive the same amount of food stamp benefits only until the period ends.

If you want a hearing, and for a good reason are unable to ask for a hearing by the time stated above, you can still ask for a hearing and receive food stamps in your present amount. To do this, you must be able to show that your reason for being late was a good reason.

If the referee decides that the Department's decision is right, the Department may recover any excess benefits paid to you on your behalf during the hearing process.

If you want to discuss our decision or ask any questions about how a fair hearing works, contact your local Welfare Office.

ATTACHMENT C

**The Commonwealth of Massachusetts
Executive Office of Human Services
Department of Public Welfare**

NAME _____ DATE _____
 ADDRESS _____ AREA/BRANCH OFFICE ADDRESS _____
 CITY/ZIP _____ SSN _____

Social Security (green check) and Supplemental Security Income (SSI) (gold check) benefits were increased in January 1984. You and/or a member of your family are listed on our files as receiving Social Security, SSI, or both. Because of this increased income, we have recalculated your food stamp benefits.

Effective with your _____ food stamps, your benefits will be

☐ reduced from _____ to _____ ☐ terminated

Food Stamp Manual Citation: 106 CMR 363.220 (B), and 366.130 (D).

IF YOU DISAGREE WITH THIS DECISION, you have the right to a fair hearing before a referee of the Department of Public Welfare. To ask for a hearing you must sign and date the enclosed card, which has your name and address on it, and mail it to: Department of Public Welfare, Division of Hearings, P.O. Box 167, Essex Station, Boston, MA 02112.

Your request must be received by the Welfare Department *no later than 90 days from the date of this notice*. You may represent yourself, or be represented by a lawyer, friend, relative, or other spokesperson. You can contact your local welfare office to find out where to get free legal advice if any is available in your area.

YOUR BENEFITS WILL BE CONTINUED in your present amount until the end of the month in which your hearing is decided **IF YOUR REQUEST IS RECEIVED NO LATER**

THAN 10 DAYS FROM THE DATE OF THE NOTICE and if you are saying that the amount of your food stamps was incorrectly computed. However, if your food stamp certification period ends before the month of the hearing decision, you will continue to receive the same amount of food stamp benefits only until the period ends.

If you want a hearing, and for a good reason are unable to ask for a hearing by the time stated above, you can still ask for a hearing and receive food stamps in your present amount. To do this, you must be able to show that your reason for being late was a good reason.

If the referee decides that the Department's decision is right, the Department can recover benefits paid to you during the hearing process.

If you want to discuss our decision or ask any questions about how a fair hearing works, contact your local Welfare Office.

Food Stamp Worker

I wish to appeal this food stamp action.

SIGNATURE: _____ DATE: _____

Deseo apelar accion tomada con las estampillas de de alimentos.

FIRMA: _____ FECHA: _____
SSA/SSI/FS

APPENDIX C

**The Commonwealth of Massachusetts
Executive Office of Human Services
Department of Public Welfare**

NAME _____ DATE 3-2-84
ADDRESS _____ AREA/BRANCH OFFICE ADDRESS _____
CITY/ZIP _____ SSN _____

Social Security (green check) and Supplemental Security Income (SSI) (gold check) benefits were increased in January 1984. You and/or a member of your family are listed on our files as receiving Social Security, SSI, or both. Because of this increased income, we have recalculated your food stamp benefits.

Effective with your April food stamps, your benefits will be
☒ reduced from 67 to 19 ☐ terminated

Food Stamp Manual Citation: 106 CMR 363.220 (B), 364.600 and 366.130 (D).

IF YOU DISAGREE WITH THIS DECISION, you have the right to a fair hearing before a referee of the Department of Public Welfare. To ask for a hearing you must sign and date the enclosed card, which has your name and address on it, and mail it to: Department of Public Welfare, Division of Hearings, P.O. Box 167, Essex Station, Boston, MA 02112.

Your request must be received by the Welfare Department *no later than 90 days from the date of this notice*. You may represent yourself, or be represented by a lawyer, friend, relative, or other spokesperson. You can contact your local welfare office to find out where to get free legal advice if any is available in your area.

YOUR BENEFITS WILL BE CONTINUED in your present amount until the end of the month in which your hearing is decided **IF YOUR REQUEST IS RECEIVED NO LATER THAN 10 DAYS FROM THE DATE OF THE NOTICE** and if

you are saying that the amount of your food stamps was incorrectly computed. However, if your food stamp certification period ends before the month of the hearing decision, you will continue to receive the same amount of food stamp benefits only until the period ends.

If you want a hearing, and for a good reason are unable to ask for a hearing by the time stated above, you can still ask for a hearing and receive food stamps in your present amount. To do this, you must be able to show that your reason for being late was a good reason.

If the referee decides that the Department's decision is right, the Department can recover benefits paid to you during the hearing process.

If you want to discuss our decision or ask any questions about how a fair hearing works, contact your local Welfare Office.

Food Stamp Worker

SIGNATURE: _____

DATE: _____